

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 29, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The aquatic therapy, ht/cold packs, neuromuscular re-education, therapeutic exercises, massage therapy, office visits with manipulation, and mechanical traction of the lumbar spine from 04-16-03 through 04-30-03 **were found** to be medically necessary. The aquatic therapy, hot/cold packs, neuromuscular re-education, therapeutic exercises, massage therapy, office visits with manipulation, and mechanical traction of the lumbar spine from 05-01-03 through 05-22-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 04-16-03 through 04-30-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 7th day of July 2003.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 8, 2004

MDR Tracking #:	M5-04-2343-01	AMENDED DECISION
IRO Certificate #:	5242	

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

Letter of Dispute dated 3/24/04 from ___, Letter of Reconsideration dated 10/13/03 from ___
Daily SOAP Notes dates 4/15/03-5/22/03 from ___, Initial Medical Narrative Report dated 3/14/03 from ___. Follow-up Notes dates 3/24/03 and 4/7/03 from ___, MRI Report of the lumbar spine dated 3/20/03 from ___, Operative Report dated 5/8/03 from ___.

Submitted by Respondent:

None submitted.

Clinical History

The claimant is a 21-year-old male who injured his low back on ___ while lifting panels. The claimant was initially seen by ___ who recommended the claimant have a MRI of the lumbar spine and physical therapy. The claimant had a MRI of the lumbar spine on 3/20/03 at ___ which revealed at L4/L5 there is a broad posterior 2 to 3 mm discal protrusion/herniation pressing against the anterior thecal sac and at L5/S1 is a broad posterior 2-3 mm discal protrusion/herniation that approaches the anterior aspect of the S1 nerve root bilaterally. The claimant received facet injections on 5/8/03 from ___ and chiropractic treatment with various physiotherapy modalities and active therapeutic excises and aquatic therapy.

Requested Service(s)

Aquatic Therapy, Hot/Cold Packs, Neuromuscular Reeducation, Therapeutic Exercises, Office Visit with Manipulation, Massage Therapy and Mechanical Traction for dates of service 4/16/03-5/22/03

Decision

I disagree with the insurance carrier that Aquatic Therapy, Hot/Cold Packs, Neuromuscular Reeducation, Therapeutic Exercises, Massage Therapy, office visits with manipulation, and Mechanical Traction of the lumbar spine are reasonable and necessary for up to ___ post injury or 4/30/03.

I agree with the insurance carrier that Aquatic Therapy, Hot/Cold Packs, Neuromuscular Reeducation, Therapeutic Exercises, Massage Therapy, office visits with manipulation, and Mechanical Traction of the lumbar spine are not reasonable and necessary beyond ____ post injury or 4/30/03.

Rationale/Basis for Decision

The claimant apparently suffered a lumbar disc injury as a result of the injury which would allow up to 18 chiropractic visits, which includes therapeutic exercises, joint mobilization, mechanical traction, neuromuscular reeducation, myofascial release and aquatic therapy over and 6-8 week period from the onset of the injury. I form my decision using the Official Disability Guidelines 8th Edition which allows up to 18 chiropractic treatments for an apparent lumbar disc lesion. The treatment must show functional objective improvement with a gradual fade of care with instruction in a self-directed home program of stretching and strengthening of the lumbar region. Therefore, I find that the treatment beyond ____ or 4/30/03 is excessive and not reasonable and necessary based on the American Disability Guidelines.

As specified in the Official Disability Guidelines treatment for an apparent lumbar disc injury should not exceed 6-8 weeks of treatment post injury. Additional treatment beyond this time frame should be justified in writing by report of additional new or complex findings justifying the treatment that exceeds the recommendation of the Official Disability Guidelines. The claimant should be gradually faded from active care into a self-directed home treatment program of stretching and strengthening of the lumbar region.

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 2nd day of July 2004.</p>
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